

NJ Environmental Quality Incentives Program Shellfish Aquaculture Management Plan Certification

Applicant Name (please print):					
Address:					
Type of Operation: ☐ Lease Only ☐ Lease & Hatchery Size of Lease Area:acres					
FSA Tract Nos Location of Leased Acres:					
☐ YES A co	ppy of the State Shellfish License has been provided to NRCS.				
☐ YES A copy of the site map showing the shellfish production areas has been provided to NRCS					
must be answere <i>Answer Ye</i>	the requirement of having an Aquaculture Management Plan, the following questions and regarding the NJDEP Recommended Management Practices for Aquatic Farms: s, No, or Planned (within 2 years) to each item.				
Questions for All Applicants (sections I – III):					
I. General Opera					
□ YES □ NO □ PLANNED	Netting, cages and/or other shellfish containment systems are secured and well maintained.				
□ YES □ NO □ PLANNED	Scheduling of equipment removal or movement is appropriately timed to avoid severe weather and seasonal conditions (severe storms, very low water/air temperatures).				
□ YES □ NO □ PLANNED	All shallow water gear is removed or moved to deep water licensed shellfish growing sites during winter to avoid damage, loss and transport of gear into the environment.				
□ YES □ NO □ PLANNED	Records are kept of net/bag cycling, replacement, removal and movement.				
□ YES □ NO □ PLANNED	Damaged nets/bags are replaced in a timely manner.				
□ YES □ NO □ PLANNED	Nets/bags needing replacement are collected and properly disposed of.				
II. Water Quality					
YES NO PLANNED	Nets and other equipment are monitored regularly for biofouling.				
□ YES □ NO □ PLANNED	When bio-fouling restricts water flow, nets/bags are cleaned, removed, or replaced in an environmentally sound manner.				
□ YES □ NO □ PLANNED	Use of in-water cleaning methods does not result in accumulation of removed materials where they may cause local degradation of the environment.				
□ YES □ NO □ PLANNED	Redundant gear is cycled off-site to reduce excessive fouling.				

III. Security and	Biosecurity:			
☐ YES ☐ NO ☐ PLANNED	Critical on-farm decision makers are identified and contact information for police, fire and other emergency responders is posted in a visible location.			
☐ YES ☐ NO ☐ PLANNED	A system is in place to quickly close down intake pipes in the event of an upstream contaminant problem.			
☐ YES ☐ NO ☐ PLANNED	A written SSOP (Sanitary S	Standard Operating Procedu	ure) is in place.	
☐ YES ☐ NO ☐ PLANNED	Proper biosecurity protocols are upheld to eliminate contamination and spread of disease.			
☐ YES ☐ NO ☐ PLANNED	Sanitation and hand washing facilities are in place.			
Questions for	Applications that includ	e Hatchery Operations ((sections IV – V):	
IV. Erosion Con	trol:			
☐ YES ☐ NO ☐ PLANNED	Vegetated or stone-lined swales and/or berms direct overland and storm water through, or around the property in order to maintain natural drainage patterns.			
☐ YES ☐ NO ☐ PLANNED	Exposed soil is stabilized by providing vegetative cover to prevent erosion and inadvertent sedimentation of wetlands and their associated transition areas.			
☐ YES ☐ NO ☐ PLANNED	Erosion control measures and water control structures follow the standards and design criteria of the Natural Resources Conservation Service Field Office Technical Guide.			
☐ YES ☐ NO ☐ PLANNED	Discharge pipes are situated to prevent excessive scouring of the bottom in the receiving waters.			
V. Salt Water Us	e:			
YES NO PLANNED			e natural circulation patterns, nage the surrounding habitat.	
☐ YES ☐ NO ☐ PLANNED	A recirculating system is used, when appropriate, to avoid having an excess amount of either fresh or salt water leaving the site.			
☐ YES ☐ NO☐ PLANNED	All holding, transport, and culture systems are designed, operated, and maintained to prevent the accidental or intentional release of non-native aquatic species.			
or erroneous repr	resentation of any fact is groulent or erroneous represent	unds for denial of program ation leads to contract appr	I understand that any fraudulent benefits. I further understand roval, it will be grounds for I refund any program payments	
Applicant Name	(please print):			
Applicant Signa	ture:		_ Date:	
Home Phone #: ()	Business Phone #: (_)	
Email:				